	RONMENTAL HEALTH 2525 Corporate Place Monterey Par ITY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES	k, Ca 9	754	0/7/98
	TYPE OF PERMIT (CHECK) NEW WELL CONSTRUCTION RECONSTRUCTION OR RENOVATION DESTRUCTION TYPE OF CASING	□ PL	WELL RIVATE DOMESTIC JBLIC DOMESTIC RIGATION BSERVATION/MONITO	☐ CATHODIO ☐ INDUSTRIO ☐ GRAVEL P RING ☐ TEST
	METHOD OF SEALING OF CASING	ددسسسخمان پرتود اردنی معتندست جساد مان		
	METHOD OF DESTRUCTIONA O VCV D vill en fre length g v 10' 695, concrete to 5' 590c ADDRESS (NUMBJER, STREET, AND NEAREST INTERSECTION) 19503 S. Nov mandie Are Los Angele DIAGRAM (SHOW PROPERTY LINES, STREET, ADDRESS, WELL SITE, SEWERS, AND PR	Cn:	2011 to a A at 190 th St	bore-hale to grade ! Cos Angeles
LOCATION	νια-25 Φ Λ	~ 851	757	
	Normandic Norman		NAME OF WELL OWNER (PRINT) BOCING KCAIT MAILING ADDRESS 4 260 Caice 130	y Corp. d Blud 6th P
APPLICANT	I hereby agree to comply in every respect with all regulations of the County Preventive/Public Health Services and with all ordinances and laws of the County of Los Angeles and of the State of California pertaining to well construction, reconstruction and destruction. Upon completion of well and within ten days thereafter, I will furnish the County Preventive/Public Health Services with a complete log of the well, giving date drilled, depth of well, all perforations in casing, and any other data deemed necessary by such County Preventive/Public Health Services. Applicant's Signature	DISPO	DESTION OF APPLICATE PROVED WITH CONDITION OF APPLI	OF 90808 ION: (For Sanitarians Use On DENIED TIONS Inditions, report reason or con MEFUL THE D ACCUME PESTAUC -4147